


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F93260 1. Entity Name SPACE ENVIRONMENTS, INC.	
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Principal Place of Business % JOHN W BURGESS 2430 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064	Mailing Address % JOHN W BURGESS 2430 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2214226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURGESS, JOHN W 2430 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE *John Burgess* 4/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, ELYSE 2430 N.E. 20TH AVE. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGESS, ELYSE 2430 N.E. 20TH AVE. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGESS, JOHN W. 2430 N.E. 20TH AVE. LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBORD, KEVIN 1434 NW 49TH AVENUE COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000107221
04/09/04-80005-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Burgess* John Burgess 4/5/04 954782332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #